



<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/616,538-Conf. #1953
		Filing Date	July 9, 2003
		First Named Inventor	Tatsuya Masuki
		Examiner Name	W. Aughenbaugh
		Art Unit	1772
		Attorney Docket No.	59549(71360)
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	1,810.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 20 = _____	x _____	= _____				
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - 3 = _____	x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____	

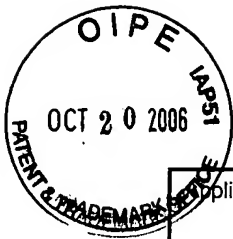
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):	1253 Extension for response within third month	1,020.00
	1801 Request for continued examination (RCE) (see 37 ...	790.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	41,281
Name (Print/Type)	Mark D. Russett	Telephone	(617) 439-4444
		Date	October 20, 2006

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 892895928 US, on the date shown below in an envelope addressed to: **MS RFE**  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 20, 2006 Signature: (Mary Quan)



Application No. (if known): 10/616,538

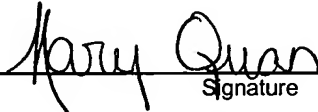
Attorney Docket No.: 59549(71360)

## Certificate of Express Mailing Under 37 CFR 1.10

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Date

  
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Mary Quan

Typed or printed name of person signing Certificate

Registration Number, if applicable

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Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Certificate of Express Mailing (1 page)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)  
Fee Transmittal (1 page)  
Request for Continued Examination Transmittal (1 page in duplicate)  
Amendment (Filed With Request For Continued Examination) (10 pages)  
Return Receipt Postcard  
Charge \$1,810.00 to deposit account 04-1105